

<b>8. DO YOU LIVE TOGETHER?</b> <i>(Answer only if married)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 9)</i>		<b>9. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S SUPPORT MONTHLY</b> \$	
<b>10. ADDRESS OF PRESENT SPOUSE</b> <i>(If different than Item 4)</i>			
<b>11. IDENTIFICATION OF VETERAN'S UNMARRIED CHILD(REN)</b> <i>(Check)</i>		<input type="checkbox"/> UNDER 18 YEARS OF AGE <input type="checkbox"/> OVER 18 AND UNDER 23, AND ATTENDING SCHOOL <input type="checkbox"/> OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS	
NOTE: If any box in Item 11 is checked, furnish the following information for each child and submit a copy of the public or church record of birth or a copy of the court record of adoption or adoption agreement.			
<b>12A. FULL NAME OF EACH CHILD</b>	<b>12B. DATE OF BIRTH</b> <i>(Mo., day, yr.)</i>	<b>12C. SOCIAL SECURITY NUMBER</b>	<b>12D. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF CHILD</b> <i>(If child is not in custody of person claiming dependency allowance)</i>
<b>13. REMARKS</b>			
I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.			
<b>14. SIGNATURE OF CLAIMANT</b>		<b>15. DATE</b>	<b>16. TELEPHONE NUMBER(S)</b> <i>(Include Area Code)</i> A. DAYTIME      B. NIGHTTIME
<b>PENALTY:</b> The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.			